PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/517,605 | | | ling Date 21/2004 | To be Mailed |
|---|--|---|--|---|------------------|--------|--|---------------------------------------|-------|-----------------------|------------------------|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY 🛛 | | | | HER THAN |
| ⊢ | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | OR | RATE (\$) | FEE (\$) |
| | BASIC FEE | | N/A | LD | N/A | | N/A | TLL (v) | | N/A | TEE (0) |
| ┢ | (37 CFR 1.16(a), (b), s SEARCH FEF | or (c)) | - | | | | | | ł | H | |
| 늗 | (37 CFR 1.16(k), (i), o | | N/A | | N/A | | N/A | | l | N/A | |
| TO | (37 CFR 1.16(a), (p), (| | N/A | | N/A | | N/A | | | N/A | |
| (37 | CFR 1.16(i) DEPENDENT CLAIM | | minus 20 = * | | | IJ | x \$ = | | OR | x \$ = | |
| | CFR 1.16(h)) | | m | | l | x \$ = | | | x s = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | ts of pape 50 (\$125 tional 50 t | gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s). | | | | | | | |
| | MULTIPLE DEPEN | IDENT CLAIM PR | ESENT (3 | 7 CFR 1.16(j)) | | IJ | | | 1 | | |
| * If t | the difference in colu | umn 1 is less than | r "0" in column 2. | | TOTAL | | | TOTAL | | | |
| | APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) | | | | | | | OTHER THA SMALL ENTITY OR SMALL EN | | | ER THAN ALL ENTITY |
| Ν | 09/03/2008 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| AMENDMENT | Total (37 CFR 1.16(i)) | · 1 | Minus | 20 | = 0 | 1 | X \$25 = | 0 | OR | x \$ = | |
| 뷡 | Independent (37 CFR 1.16(h)) | • 1 | Minus | ···12 | = 0 | 1 | X \$105 = | 0 | OR | x s = | |
| M | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | | | | | | • | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | |
| L | | (Column 1) | | (Column 2) | (Column 3) | | | | | | |
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1,16()) | | Minus | | = | П | x \$ = | | OR | x s = | |
| AMENDMENT | Independent (37 CFR 1/16(h)) | | Minus | *** | = | 1 | X \$ = | | OR | x s = | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | |] | | |] | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| If the entry in column 1 is less than the entry in column 2, water "or in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 8.0 enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". ANGELA D. JOHNSON The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". | | | | | | | | | | | |

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USETO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.16. This collection is extensive the size of a window properties, and submitting the completed application form to the USETO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggescions for reducing this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.